

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90080 002 ****61.25

DOCUMENT # 720830

1. Entity Name

CYPRESS ANCHORAGE CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

1400 NE 55TH STREET
FT LAUDERDALE FL 33334

Mailing Address

1400 NE 55TH STREET
FT LAUDERDALE FL 33334

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, COLIN
1400 NE 55TH ST.
SUITE 205
FORT LAUDERDALE FL 33334

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BECKER, JOHN	
STREET ADDRESS	1400 NE 55 ST. # 105	
CITY- ST- ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MALONE-JONES, SHELIA	
STREET ADDRESS	1400 NE 55 ST, 103	
CITY- ST- ZIP	FORT LAUDERDALE FL 33334	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SMITH, JEANNE G	
STREET ADDRESS	1400 NE 55TH ST #207	
CITY- ST- ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRANOVICS, ROBERT JR	
STREET ADDRESS	1400 NE 55TH ST # 104	
CITY- ST- ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> Delete
NAME	JEFFREY GUIDISH	
STREET ADDRESS	1400 NE 55ST #109	
CITY- ST- ZIP	FORT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONE-JONES SHELIA	
STREET ADDRESS	1400 NE 55ST #103	
CITY- ST- ZIP	FT LAUDERDALE, FL 33334	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, JOHN	
STREET ADDRESS	1400 NE 55ST # 105	
CITY- ST- ZIP	FT LAUDERDALE, FL 33334	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/07

Daytime Phone #